

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017275

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 159

FILED MAY 1 1963

1. PLACE OF DEATH

a. COUNTY

St. Francois

b. CITY (If outside corporate limits, give TOWNSHIP, only)

Bonne Terre

Length of stay in lb

11 days

c. FULL NAME OF (IF NOT in hospital, give location)

Bonne Terre Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Francois

c. CITY

Leadwood

OR TOWN

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Eva

Middle

Galena Dane

Last

4. DATE OF DEATH

Month

Day

Year

April 18, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

Dec. 25, 1904

9. AGE (last birthday)

68

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Belgrade, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Robert Hays

13b. MOTHER'S MAIDEN NAME

Ida White

14. NAME OF HUSBAND OR WIFE

Claude Dane

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Claude Dane, Leadwood, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Cerebral hemorrhage
Arterial hypertension

INTERVAL BETWEEN ONSET AND DEATH

2 wks
from 10 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Two separate previous cerebral hemorrhages

PART III. If deceased was female was there a pregnancy in last 90 days.

No ☒ Unknown ☐19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1952

to April 18, 1963

and last saw her

live on

April 18, 1963

Death occurred at

6:30 p

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

J. L. Foster m d

22b. ADDRESS

Desloge mo

22c. DATE SIGNED

4-19-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-21-1963

23c. NAME OF CEMETERY OR CREMATORY

Leadwood Cemetery

23d. LOCATION (City, town, or county)

Leadwood, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Bert L. Boyer, Leadwood, Mo.

25. DATE RECD. BY LOCAL REG.

Apr 19, 1963

26. REGISTRAR'S SIGNATURE

Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS.300
Rev. 4/59

1 0941

2 0940

3

4 1

5 1

6

7 0

8 2

9 331X

10

11

12 1-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Bert L. Berger

Licensed Embalmer No.

3441

P. O. Address

Paducah, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.